FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 1286557

OMB	AP	PR	/Al

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden

hours per response: 16.00

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• .	dment and name has changed, and indicate change.) .
GS Capital Partners VI GmbH & Co. k	KG: Partnership Interests	
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗹 Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing:	lment	·
The state of the s	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	
Name of Issuer (check if this is an amen	dment and name has changed, and indicate change.)
GS Capital Partners VI GmbH & Co. k	KG	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
85 Broad Street, New York, New York	10004	(212) 902-1000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
-	rder to achieve long-term capital gains by direct	or indirect investments in equity, equity-related
and similar securities or instruments.		
,		PROCESSED
Type of Business Organization		
☐ corporation	☐ limited partnership, already formed☐ limited partnership, to be formed☐	□ other (please specify) APR 1 1.2007
☐ business trust	0	
	Month Year	_ FINANCIAL
Actual or Estimated Date of Incorporation or	Organization: 1 2. 0 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevi	iation for
• •	State: CN for Canada; FN for other foreign j	urisdiction) F N
		
CENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	_
2. Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized within the past five years;	
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;	S
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter* ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or *Issuer's Investment manager	
Full Name (Last name first, if individual)	
Goldman, Sachs & Co.	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
85 Broad Street, New York, New York 10004	
Check Box(es) that Apply: Promoter D Beneficial Owner Executive Officer Director D General Partner and/or Managing Partner	
Full Name (Last name first, if individual)	
The Goldman Sachs Group Inc.	_
Business or Residence Address (Number and Street, City, State, Zip Code)	
85 Broad Street, New York, New York 10004	_
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or* *Managing Limited Partner	
Full Name (Last name first, if individual)	
GS Advisors VI, L.L.C.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
85 Broad Street, New York, New York 10004	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or *of the Issuer's General Partner Managing Partner	1
Full Name (Last name first, if individual) Friedman, Richard A.	.
Business or Residence Address (Number and Street, City, State, Zip Code)	
85 Broad Street, New York, New York 10004	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	
Adler, Ben I.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
85 Broad Street, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's General Partner Managing Partner	
Full Name (Last name first, if individual)	
Ahn, Sang Gyun	_
Business or Residence Address (Number and Street, City, State, Zip Code)	_
85 Broad Street, New York, New York 10004	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's General Partner	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

85 Broad Street, New York, New York 10004

Business or Residence Address (Number and Street, City, State, Zip Code)

Bowman, John E.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and m	anaging partner o	of par	tnership issuers.			_	
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☑ *o	Executive Officer* Director of the Issuer's General Partner		General and/or Managing Partner
Full Name (Last name first, if	individual)						
Cardinale, Gerald J.							
Business or Residence Addre	ss (Number and	d Stre	eet, City, State, Zip (Code	<u>-</u>		•
85 Broad Street, New York,	New York 1000)4					•
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer* Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						
Cornell, Henry					-		
Business or Residence Addre	ss (Number and	d Str	et, City, State, Zip (ode	2)		
85 Broad Street, New York,	•		•				•
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer* Director	. 🗆	General and/or Managing Partner
Full Name (Last name first, if	individual)						
DiSabato, Joseph P.	•						•
Business or Residence Addre	ss (Number and	d Stre	et, City, State, Zip (Code	e)		
85 Broad Street, New York,			,,		,		•
Check Box(es) that Apply:		0	Beneficial Owner		Executive Officer* Director of the Issuer's General Partner		General and/or Managing Partner
Full Name (Last name first, if	individual)						
Enquist, Katherine B.			•				
Business or Residence Addre	ss (Number and	1 Stre	et, City, State, Zip (ode)		
85 Broad Street, New York,	· ·						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	N.	Executive Officer* Director		General and/or
t		_	Donottellar Owner		f the Issuer's General Partner		Managing Partner
Full Name (Last name first, if	individual)				•		
Gheewalla, Robert R.	·	,					1
Business or Residence Addres	s (Number and	d Stre	et. City. State. Zip C	Code	.)		:
85 Broad Street, New York,	-		, ,, , ,		,		1
Check Box(es) that Apply:	□ Promoter	·····	Beneficial Owner		Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				2		* * * * * * * * * * * * * * * * * * * *
Gleberman, Joseph H.		1	•				
Business or Residence Addres	s (Number and	1 Stre	et, City, State, Zip C	ode)	١ .	
85 Broad Street, New York,			,,,,,,,		,	, "	
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	⊠	Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					•	<u> </u>
Higgins, Melina E.					·		•
Business or Residence Address	S (Number and	Stre	et, City, State, Zip C	ode)		
85 Broad Street, New York,			en on, omo, sip c		,		•
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2. Enter the information requested for the following:			•
* Each promoter of the issuer, if the issuer has been organized within	the past five years;		•
 Each beneficial owner having the power to vote or dispose, or direct of the issuer; 	et the vote or disposition of, 10% or	more o	of a class of equity securities
Each executive officer and director of corporate issuers and of corp	orate general and managing partners	of par	tnership issuers; and
* Each general and managing partner of partnership issuers.			•
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑	Executive Officer* Director The Issuer's General Partner	Π.	General and/or Managing Partner
Full Name (Last name first, if individual) Hintze, Martin	·.		
Business or Residence Address (Number and Street, City, State, Zip Code)			ı
85 Broad Street, New York, New York 10004			
Check Box(es) that Apply:	Executive Officer* Director The Issuer's General Partner		General amd/or Managing Partner
Full Name (Last name first, if individual) Jones, Adrian M.		•	
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, New York 10004		٠.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑	Executive Officer* Director		General and/or
	the Issuer's General Partner		Managing Partner
Full Name (Last name first, if individual) Kastner, Steffen J.			
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
85 Broad Street, New York, New York 10004			; •
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑	Executive Officer* Director the Issuer's General Partner		General and/or Managing Partner
Full Name (Last name first, if individual)			
Katz, Stuart A.			
Business or Residence Address (Number and Street, City, State, Zip Code)			H. Carlotte
85 Broad Street, New York, New York 10004			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ *of	Executive Officer* Director the Issuer's General Partner		General and/or Managing Partner
Full Name (Last name first, if individual)			
Killmer, Bjorn P.			
Business or Residence Address (Number and Street, City, State, Zip Code)			:
85 Broad Street, New York, New York 10004			¥ ;
	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if individual)			
Koester, Michael			· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)			3
85 Broad Street, New York, New York 10004			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ *of	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if individual)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lepic, Hughes B.			!
Business or Residence Address (Number and Street, City, State, Zip Code)	•		•
85 Broad Street, New York, New York 10004	The street of the state of the		
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A. BASIC IDENTIFICATION DATA

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•	•	A. BASIC IDEN	TIFICATION DATA	٦,		
2. Enter the information rec	quested for the fol	llowing:	•			
* Each promoter of the	e issuer, if the iss	uer has been organized	within the past five years;			
* Each beneficial own of the issuer;	ner having the pov	wer to vote or dispose, o	or direct the vote or disposition	of, 10% or more	of a class of equity sec	curitie
Each executive office	cer and director of	f corporate issuers and	of corporate general and managi	ing partners of pa	artnership issuers; and	
* Each general and m	anaging partner of	f partnership issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owne	r ☑ Executive Officer* ☐ *of the Issuer's General Par		General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Mehra, Sanjeev K.						
Business or Residence Addre	ss (Number and	l Street, City, State, Zip	Code)			
85 Broad Street, New York,	New York 1000	4				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	r ☑ Executive Officer* ☐ *of the Issuer's General Part	Director Director	General and/or Managing Partner	1
Full Name (Last name first, if	individual)					§ 5
Patel, Sanjay H.				<u> </u>		j
Business or Residence Address Broad Street, New York,	tata i	Street, City, State, Zip	Code)		To a Part	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owne	r ☑ Executive Officer* ☐ *of the Issuer's General Part	Director ner	General and/or Managing Partner	
Full Name (Last name first, if Pontarelli, Kenneth A.	individual)			·		
Business or Residence Address 85 Broad Street, New York,	•		Code)		-	
Check Box(es) that Apply:	☐ Promoter		r ☑ Executive Officer* ☐ *of the Issuer's General Part	Director ner	General and/or Managing Partner	D CONTRACTOR
Full Name (Last name first, if Sahu, Ankur A.	individual)				, ,	and the state of
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)	. *		
85 Broad Street, New York,	New York 1000-	4				ę.
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer □ *of the Issuer's General Part	Director 🖺	General and/or Managing Partner	
Full Name (Last name first, if	individual)	•				
Satter, Muneer A.					•	

Check Box(es) that Apply:

85 Broad Street, New York, New York 10004 Beneficial Owner ☐ Promoter ☐

☑ Executive Officer* □ Director *of the Issuer's General Partner

General and/or Managing Partner

Full Name (Last name first, if individual) Sung, Hsueh J.

Business or Residence Address (Number and Street, City, State, Zip Code)

85 Broad Street, New York, New York 10004

☐Beneficial Owner Check Box(es) that Apply: ☐ Promoter

☑ Executive Officer* □ Director □ *of the Issuer's General Partner

General and/or Managing Partner

Full Name (Last name first, if individual)

Wolff, Andrew E.

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

85 Broad Street, New York, New York 10004

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2. Enter the information requested for the following:		•	
* Each promoter of the issuer, if the issuer has been organized within the past five years;			
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of the issuer;	more o	of a class of equity securi	ities
* Each executive officer and director of corporate issuers and of corporate general and managing partners	of par	tnership issuers; and	
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director *of the Issuer's General Partner		General and/or Managing Partner	
Full Name (Last name first, if individual)			
Vollertsen, Christine		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, Zip Code)		1	
85 Broad Street, New York, New York 10004		C11/	,
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director *of the Issuer's General Partner		General and/or Managing Partner	
Full Name (Last name first, if individual) Weiss, Mitchell S.		\$	- 2
Business or Residence Address (Number and Street, City, State, Zip Code)		9	,
85 Broad Street, New York, New York 10004		• .	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director *of the Issuer's General Partner		General and/or Managing Partner	
Full Name (Last name first, if individual)		•	
Fascitelli, Elizabeth C.			
Business or Residence Address (Number and Street, City, State, Zip Code)		1	
85 Broad Street, New York, New York 10004		<u> </u>	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner	
Full Name (Last name first, if individual)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Business or Residence Address (Number and Street, City, State, Zip Code)			
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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner	
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>	<u>-</u>
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner	and the same of th
Full Name (Last name first, if individual)			13 A.
Business or Residence Address (Number and Street, City, State, Zip Code)		4	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner	
Full Name (Last name first, if individual)		1	:
Business or Residence Address (Number and Street, City, State, Zip Code)			
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.))		

A. BASIC IDENTIFICATION DATA

Has the Issuer sold, or does the issuer intend to sell, to non-secrediced investors in this offering?		1 Plant	i de la companya de l		B. IN	FORMAT	ION ABO	UT(OFF	ERING			778/4	
Answer also in Appendix, Column 2, if filting under ULOE. What is the minimum investment that will be accepted from any individual? Yes Solution	¥.					ď							
2. What is the minimum investment that will be accepted from any individual? **The General Partner** may accept commitments for lesser amounts. Yes No	1. Has the											ゼ	
The General Partner may accept commitments for lesser amounds. Yes No	Answer also in Appendix, Column 2, it filing under ULOE.												
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. you may set forth the information for that broker or dealer engistered with the SEC and/or with a state or states, list the name of the broker or dealer engistered with the SEC and/or with a state or states, list the name of the broker or dealer engistered with the SEC and/or with a state or state, list the name of the broker or dealer engistered with the SEC and/or with a state or state, list the name of the broker or dealer engistered with the SEC and/or with a state or state, list the name of the broker or dealer engistered with the SEC and/or with a state or state, list the information for that broker or dealer engistered with the SEC and/or with a state or state, list the information for that broker or dealer engistered with the SEC and/or with a state or state, list the information for that broker or dealer engistered with the SEC and/or with a state or state, list the state of the s	2. What is the minimum investment that will be accepted from any individual?								\$\$	0,000*			
Commission or similar remuteration for solicitation of purchasers in connection with sales of securities in the Grieng. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states. Itst the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer entry. Full Name (Last name first, if individual) None Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer													
Fragment													
or states. list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) None Business or Residence Address (Number and Street, City, State, Zip Code)													
Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	or state	es, list the n	ame of the	broker or d	ealer. If mo	ore than five	(5) person	s to be liste				:	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			<u> </u>		nformation	for that bro	ker or deal	er only.					
Name of Associated Broker or Dealer		e (Last name	itrst, it inc	iividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States)	Business o	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States)	1							. <u>-</u>					
Check "All States" or check individual States CA CO CT DE DC FL [GA HII [ID] [IL] [IN] [IA] [KS] [KY] [LA] [MB] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NF] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Name of A	Associated B	roker or De	ealer									
Check "All States" or check individual States CA CO CT DE DC FL [GA HII [ID] [IL] [IN] [IA] [KS] [KY] [LA] [MB] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NF] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							<u> </u>	*				<u></u>	
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II.J	- I							[DE]	[DC]	[FL]	[GA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MI] [IM] [MI] [IM] [MI] [IM] [MI] [IM] [MI] [IM] [MI]													
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[MT]	[NE]	[NV]	[NH]	[14]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)					[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name	: (Last name	first, if ind	liviđual)								,	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	or Residence	: Address ()	Number and	Street, City	y, State, Zip	Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	<u> </u>											<u>.</u> .	
Check "All States" or check individual States)	Name of A	Associated B	roker or De	ealer						,			
Check "All States" or check individual States)	1											·	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [PR] [PR] [VA] [VA] [VA] [VA] [VA] [VA] [VA] [VA												🗆 All	States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												•	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											[MN]	[MS]	[MO]
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[MT]	[NE]	[NV]	[NH]	[14]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)					[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name	(Last name	irst, if ind	lividual)					•				
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		D 11				0	<u> </u>						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	r Residence	: Address (1	Number and	Street, City	, State, Zip	Code)					t	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Name of A	Associated B	roker or De	aler									
(Check "All States" or check individual States). □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]													
(IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]											•••		All States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
												•	
	[MT] [RI]	(NE) (SC)	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	(OK) [WI]	[OR] [WY]	(PA) (PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

re securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
Debt	Type of Security				Α	
Equity		\$	0	S		0
Convertible Securities (including warrants)		. –				0
Partnership Interests	☐ Common ☐ Preferred		0	_		0
Partnership Interests	Convertible Securities (including warrants)	\$_	0	\$		0
Total	Partnership Interests	s _	122,210,000			4
Total	Other (Specify	s	0	_ 		0
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased scurities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." **Number Investors** Accredited Investors** Answer also in Appendix, Column 4, if filing under ULOE. If this filling is for an offering under Rule 504 only). Answer also in Appendix, Column 4, if filling under ULOE. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Rule 505. N/A Regulation A. N/A S N/A Regulation A. N/A A. Furnish a statement of all expenses in connection with the issuance and distribution of execurities in this offering. Exclude amounts relating solely to organization expenses of execurities in this offering. Exclude amounts relating solely to organization expenses of execurities in this offering. Exclude amounts relating solely to organization expenses of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. Caccounting Fees. Caccounting		s ⁻	122,210,000	- • \$		122,210,000
securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors	Answer also in Appendix, Column 3, if filing under ULOE.	_		_		· · · · · · · · · · · · · · · · · · ·
Accredited Investors of Purchases Accredited Investors 0 \$ 122,210,000 Non-accredited Investors 0 \$ 0 \$ 0 Total (for filings under Rule 504 only). Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Rule 505. N/A Regulation A Rule 504. N/A Total A Furnish a statement of all expenses in connection with the issuance and distribution of execurities in this offering. Exclude amounts relating solely to organization expenses of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Accounting Fees. S O Engineering Fees. S O Other Expenses (identify)	securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		Number			
Non-accredited Investors						
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of offering N/A S N/A Regulation A. Regulation A. N/A Total. A. Furnish a statement of all expenses in connection with the issuance and distribution of e securities in this offering. Exclude amounts relating solely to organization expenses of e issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. C S O Engineering Fees. C S O Sales Commissions (specify finders' fees separately). C Other Expenses (identify) C SO SO SO SO SO SO SO SO SO	Accredited Investors	_	4	_ \$		122,210,000
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Rule 505. Regulation A. Regulation A. Rule 504. Total. A. Furnish a statement of all expenses in connection with the issuance and distribution of se securities in this offering. Exclude amounts relating solely to organization expenses of se issuer. The information may be given as subject to future contingencies. If the amount of a expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. Legal Fees. Solution of the expenses in connection with the information of the expension of the expension of the expenses of the information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Solution of the expenses in connection with the issuance and distribution of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Solution of the expenses in the expense of the expense	Non-accredited Investors	_	0	_ \$		0
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Security Type of Security Sold N/A Regulation A Rule 504 N/A Total A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees. Counting Fees. Coun	Total (for filings under Rule 504 only)		N/A	_ \$		N/A
Type of offering Rule 505	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type		Type of		· .	Dollar Amount
Regulation A	Type of offering				•	
Rule 504	Rule 505	_	N/A	_ \$		N/A
Total	Regulation A	_	N/A	_ \$		N/A
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Rule 504	_	N/A	_ \$		N/A
re securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Total	_	N/A_	_ \$		N/A
Printing and Engraving Costs	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					·
Legal Fees □ \$ 74,926 Accounting Fees □ \$ 0 Engineering Fees □ \$ 0 Sales Commissions (specify finders' fees separately) □ \$ 0 Other Expenses (identify) □ \$ 0	Transfer Agent's Fees			S		0
Accounting Fees	Printing and Engraving Costs			1 \$		0 .
Engineering Fees	Legal Fees		R	s		74,926
Sales Commissions (specify finders' fees separately) Other Expenses (identify)	Accounting Fees			s		0
Sales Commissions (specify finders' fees separately) Other Expenses (identify)	Engineering Fees			I \$		0
Other Expenses (identify) \$				i \$		0
				\$		0
	Total		IZ	S		74,926

C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES 2	AND USE OF P	ROCE	EDS	
 b. Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4.a.	. Thi	S		\$ _		122,135,074
5. Indicate below the amount of the adjusted g to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	cnowr of th	1, e				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$ _	0
Purchase of real estate			\$_	0		\$ _	0
Purchase, rental or leasing and installation o	f machinery and equipment		\$_	0		\$_	. 0
Construction or leasing of plant buildings ar	d facilities		\$_	0		\$_	; 0
Acquisition of other businesses (including this offering that may be used in exchangement another issuer pursuant to a merger)	ge for the assets or securities of	0	\$. 0		s _	
Repayment of indebtedness	· · · · · · · · · · · · · · · · · · ·		\$	0		s	0
Working capital	•		\$	0		s –	0
Other (specify): Investment Capital	•		-	0	- 2	\$	122,135,074
Column Totals		D	\$	0		s _	122,135,074
Total Payments Listed (column totals added			a ?	122,1	35,07	4	
	D. FEDERAL SIGNATU	RE			F. 1864		
The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the issuer	by the issuer to furnish to the U.S. Se	curiti	es a	nd Exchange Comi	nission,	upon	r Rule 505, the written request
Issuer (Print or Type) GS Capital Partners VI GmbH & Co. KG			Date March 29, 2	007		:	
Name of Signer (Print or Type) Katherine B. Enquist	Title of Signer (Print or Type) Managing Director, Vice President	and S	Secre	etary of the Issuer	's Gene	ral Pa	; artner

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

